CHAPTER 4:
POLICY AND BUDGET RESOURCES: WHAT DO WE NEED TO DO IT?

POLICY AND BUDGET ISSUES BY PROGRAM CATEGORY

This chapter forecasts the key policy and budget issues facing Public Health - Seattle & King County for the next five years. Only the most critical issues are highlighted herein. This forecast and consequent strategic plan are predicated upon local, state, and national health trends; on-going program level planning; consultation with national public health organizations (e.g., the Centers for Disease Control and Prevention); and information gleaned from Public Health's extensive community partnership activities.

Public Health must maintain the necessary capacity and expertise to stem disease outbreaks and other unexpected public health problems.

The priorities and issues put forward in this document are based on the best information available. Nonetheless, many variables influence the public's health and can bring about disease outbreaks or other unexpected public health problems. Public Health must maintain the necessary capacity and expertise to stem these problems, protecting the public's health by mobilizing appropriate staff and other resources as the need arises.

Public Health's overall priorities for the next five years are:

- **Health and Wellness Promotion**
  Far too often, Public Health (and the entire health system) focuses on existing health problems or disease outbreaks with not nearly enough attention on promoting population wellness and healthy, preventative behaviors and actions that establish and sustain a lifetime of excellent health and well being.

  Health promotion and wellness involve delivering educational and intervention services to the population well before problems manifest. These activities address the social, economic, and political determinants of health. Examples include:

  1) assuring availability of nutritious food and mobilizing the community to improve their diet;
  2) promoting increased physical activity for King County residents to reduce rates of depression and other chronic diseases (as well as simply to feel good); and
  3) advocating for policies that help parents spend more time with their children, nurturing them as they develop, promoting academic achievement and fostering a lifetime of healthiness.

  Public Health must identify funding for health and wellness promotion efforts without taking from other programs.

- **Addressing the Increasing Rates of Chronic Disease**
  As the population ages, diseases such as diabetes and heart disease become more

prevalent, and associated health care costs increase. Health assessment data clearly indicate a need for intervention activities to prevent chronic disease among King County's population; however, prevention programs and targeted interventions focusing on chronic disease are currently only marginally funded. Aggressive efforts will need to be made to identify new revenue sources in order to integrate further chronic disease prevention into Public Health's current service set.

- **Infectious Disease Control**
  Recent outbreaks of pertussis (whooping cough) and salmonella as well as re-occurrences of E. coli and tuberculosis are reminders of the constant threat that infectious diseases present to the health of children and adults. Public Health must always be ready to thwart outbreaks and resurgence of infection; however, emergency infectious disease control deters staff from other important duties and is expensive.

  Despite Public Health's efforts during the state's recent legislative session, funding for emergency infectious disease control is not forthcoming. There has been some indication of availability of competitive grant funding from the Centers for Disease Control and Prevention as well as availability of federal grants directed at specific threats (e.g, bioterrorism). Aggressive efforts to compete successfully for these dollars must be accelerated.

- **Addressing Health Care Needs of Low-Income People**
  Health assessment data identify neighborhood poverty as a key marker for poor health status and health care access issues. Poverty is also a significant contributor to unfavorable health disparities among racial and ethnic minorities.

  As King County's population becomes increasingly diverse, Public Health resources as well as the resources of other Safety Net providers are stretched and stressed with patients who have dramatically more complex health needs. For example, non-English speaking immigrant and refugee populations require translation/interpretation services in order to obtain needed care; many present with multiple health problems and without any health insurance coverage. Currently, the demand for health services exceeds available Safety Net capacity.

- **Managing a Changing Revenue Base**
  Public Health is confronting a changing revenue base and with service provisions increasingly based on acquisition of outside revenue. Public Health must aggressively capture this revenue which includes reimbursement for services rendered as well as grant funding. In a climate of declining County Current Expense support, maximal leverage of local resources remains a daunting task. Process support (e.g., quick approval for pursuit of grant opportunities) as well as systems support (e.g., staff allocation) will be needed from the Executive and County Council in order to maximize acquisition of this funding.

Population Health Services

Policy Issues:

Public health practice must not only include screening for disease, health education, clinical services for individuals, inspections, and so on; it must also include state-of-the art population health services to promote health and wellness for all of King County's residents. These strategies should build on a new understanding of and approaches to preventing illness and injury and promoting lifelong wellness. New technologies and media also enable new strategies for intervention.

The Determinants of Health Model as diagrammed in Appendix C illustrates the interplay of multiple factors on health. Any attempt to understand the complex factors that influence health must include social forces (e.g., community norms), institutions (e.g., schools), and human relationships as well as interactions with the biological and psychological attributes of individuals. These social and economic factors, or *determinants of health*, are found at the individual, familial, community, and societal levels. They interact within and across these categories of social grouping.

Public health problems need to be responded to at multiple levels. The next generation of public health activities implemented in the next 5 years will need to address factors at all relevant levels in order to improve maximally the health of constituents. They will need to address social factors that affect behaviors and biological outcomes as well as influence exposures to biological and physical environmental factors.

Public Health has a clear role in tackling the social determinants of health. This role includes promoting selected determinants of health such as social support and cohesion, availability of nutritious food, health promoting values and norms, and community efficacy, to name a few. Public Health can also directly help individuals develop "assets" which are important modifiers of environmental health determinants such as self-efficacy, social competencies, and knowledge. In addition, Public Health can play a role in reducing exposure to negative social determinants such as discrimination.

Examples of activities which address the social determinants of health are listed below.

<u>Community Level</u>

- Build community networks, coalitions, and partnerships; support protective factors that strengthen community assets and promote positive messages that improve community norms.

<u>Individual Level</u>

- Promote healthy behaviors, reduce risky behaviors.

<u>Interpersonal Level</u>

- Promote healthy relationships and consider how families and personal support networks can be accessed and influenced to encourage positive health behaviors.

<u>Organizational Level</u>

- Support healthy workplace policies necessary to build a diverse workforce; engage organizations to support health promotion and disease prevention messages in their policies and practices.

<u>Physical Environment</u>

- Create and promote physical environments that are safe, health enhancing and free from hazardous materials (e.g., regeneration of brown fields, hazardous waste clean up, air pollution, and noise pollution control).

<u>Policy Level</u>

- Develop policies and legislation supporting healthier communities (e.g., restriction on tobacco advertising, helmet and infant car seat requirements).

Specific population health policy issues for the next five years include:

Alcohol, Tobacco, and Other Drugs:

- Strengthening early alcohol and other drug prevention beginning with pregnancy and throughout childhood.
- Reducing death rates from opiate use.
- Increasing efforts directed to youth tobacco cessation, and decreasing the number of adults providing tobacco to youth in other venues.
- Strengthening adult smoking cessation in order to decrease the huge chronic disease burden it creates.

Chronic Disease:

- Expanding chronic disease prevention and treatment efforts and integrating them into current service set.
- Innovating interventions that reduce chronic disease disparities and improve the health status of the entire community.

Emergency Preparedness:

- Improving our preparedness to detect and respond to a bioterrorist attack.
- Improving our preparedness to respond to consequences of a major earthquake, hazardous chemical spill, or other disaster.

Environmental Health:

- Assuring appropriate level of environmental health service and inspection.
- Increasing program emphasis on important community health issues including water quality, protection of water sheds, protection of outdoor air quality, protection of air sheds.
- Responding to the scope of community requests for assessing or managing environmental conditions affecting people's health.
- Clarifying Public Health's role in emerging issues such as bioterrorism, brownfields redevelopment, and endangered species.
- Defining how to respond to new or added regulatory mandates without commensurate funding support (e.g., education requirements for food worker permits).
- Defining the type of response required for regional environmental health issues that cross county boundaries (e.g., response to food related outbreaks, emergency response issues).

Health Promotion:

- Implementing leading edge primary prevention interventions to achieve and sustain desirable community norms and consequent individual behavior (e.g., by promoting good nutrition, regular exercise, and other salutary behavior).
- Employing the latest and rapidly advancing strategies and technological tools to promote health by influencing health knowledge, attitudes, and behaviors.
- Fortifying the infrastructure to incorporate these new approaches into standard practice in order to achieve favorable health outcomes among targeted populations.

Infectious Disease:

- Addressing emerging diseases such as hepatitis C, hantavirus, antibiotic-resistant organisms, "flesh-eating bacteria" (group A strep), and others.
- Responding to progressive increases in statutory requirements for disease reporting.
- Responding to the need for, and federal and state requests for, local expansion and enhancements of disease surveillance and reporting technology including electronic data reporting and data transfer.
- Improving our preparedness to detect and respond to pandemic influenza.
- Assuring provision of and dissemination of accurate information on newly available vaccines.

Injury Prevention:

- Developing strategies to educate and support parents as well as facilitate youth mentoring.

- Including social and economic indicators in our community assessment of violence to better understand the relationship between social and economic inequalities and violent behavior.
- Identifying and promoting strategies and interventions to prevent firearm injuries.
- Identifying strategies and solutions to reduce King County's high suicide rate, especially among our youth, as well as the underlying issues that lead to it.
- Reducing motor vehicle injuries by partnering more closely with law enforcement agencies.

Budget Issues:

Current resource allocation necessitates that the County devote an increasing proportion of funds to criminal justice programs. As a result, too many funds will be directed to incareration where effective interventions are rare and provided at a much greater economic and human cost to the public. Until local and state governments can free resources to proactively invest in social and health *prevention* activities, this trend will continue.

Alcohol, Tobacco, and Drug Prevention:

- Programs are supported fully by grants and are dependent on local matching funds.
- Tobacco settlement funds will not be available until year 2001.
- Recent information indicates that state funds (which King County had previously received) will be redirected to other counties.

Chronic Disease:

- New resources need to be identifiedto address this increasing problem.
- Current resource commitment will be inadequate for the challenge of preventing unnecessary deaths due to chronic disease in an aging population.
- Identifying strategies for dealing with the high costs of HIV/AIDS treatment and care.
- Need to work with primary provider population.

Disease Prevention:

- Nearly full funding for these activities come from the Washington State Department of Health and the federal Centers for Disease Control and Prevention; the future of this funding is uncertain.
- Grant acquisition has been successful to date, but needs to be better organized and more aggressive; these grants are frequently for research, not services.

Environmental Health:

- The level of fee support for environmental health programs shapes program composition and operation.
- Current Expense and General Fund contributions need to be allocated to public service activities such as disease investigation, complaint response, and health information and education.
- The sustainability of environmental health resources supported by fees is highly dependent upon the economy and subject to fluctuations which affect our service capacity.
- Several important environmental health program areas (e.g., air quality, water quality) do not involve fees and do not have funding designated for them.

Health Care Access:

- Congress is considering the continuance of Medicaid Administrative Match funding, which already inadequately supports this activity; the future of this funding is uncertain.

Health Promotion:

- Funding for health promotion interventions is very limited, even though intervening to promote healthy behaviors and activities is one of the most important strategies to improve the health status of King County residents. Funding sources must be identified for staffing, media and other intervention acvities, and technology.

Infectious disease:

- Local funding for infectious disease services has not kept pace with increased demand for services and population growth, and even the core support for infrastructure is now lacking.
- Outbreaks of infectious disease such as recent ones involving hepatitis A, pertussis, and salmonella particularly strain existing resources.
- Additional state funding for these issues was considered during the 1999 legislative session, but the decision was deferred.

Injury Prevention:

- There are minimal existing resources available; new resources must be aggressively sought.

Interpretation Services

- Providing interpretation services to non-English speaking immigrants and refugees requires significant financial support. This need is expected to grow over the next 5 years.

Public Health Assessment:

- Congress is considering the continuance of Medicaid Administrative Match funding, which already inadequately supports this activity; the future of this funding is uncertain.

Public Health Education:

- Funding for public health education activities and services has not kept pace with increased need and demand.
- Developing capacity in and using new technologies to influence health knowledge, attitude, and behavior will require new resources or diversion of existing resources.

Autopsy:

- New Medical Examiner facilities are needed to gain full accreditation.

Emergency Medical Services

Policy Issues:

The current EMS levy is authorized from 1999-2001. The Financial Planning Task Force is finalizing recommendations to the King County Council for funding in subsequent years as well as recommendations for regional oversight and EMS system reporting on clinical, operational, and financial factors.

These recommendations will provide for expanded outside financial staff review, additional elected official oversight, and increased accountability through regional and sub-regional reporting on operational and clinical aspects of EMS. Statutory changes are in process at the state level which could provide alternative EMS levy funding options to a six year levy, ten year levy, or permanent funding. These options will be reviewed in conjunction with other funding recommendations from the EMS Financial Planning Task Force.

The *EMS Strategic Plan 1998-2003* establishes four major policy directions for the regional EMS system, with specific efforts included within each. These policies are designed to improve the EMS system and to assure delivery of high quality services in an efficient and cost-effective manner. They include:

- Enhancing existing programs and adding new ones to meet community needs in prevention, training, EMS service delivery to special populations, and the effects of managed care;

- Establishing an EMS Advisory Committee to assist the County in completing strategic initiatives as well as ensuring coordinated operational and clinical review;

- Managing the rate of growth in need/demand for both Basic Life Support Services (BLS) and Advanced (paramedic) Life Support Services (ALS); and

- Using existing resources more efficiently through more effective use of ALS resources and by increasing BLS transport alternatives;

Another key policy issue involves staffing.

- The aging of many paramedics will likely cause higher program and retirement costs. It will be impractical for many of these employees to meet the emotional and physical demands of their jobs until age 65. There are also increased risks of on-the-job injury or long-term disability as paramedics become older. Hiring and training costs for replacement paramedics must also be anticipated.

Budget Issues:

The *EMS Financial Plan 1998-2003* identifies a funding plan for continued provision of BLS, ALS, and Regional Services as well as specific funding for specific strategic initiatives and TAX Anticipation Notes.

- Beginning in 2002, funding mechanisms and levels of support for the regional EMS system will be determined by the decisions of the King County Council based on the recommendations provided by the Financial Planning Task Force.

- The recommendations of the Levy Oversight Committee could remove core regional EMS services (dispatch, CPR, training, regional administration) from the levy base, creating a three million dollar gap in funding essential EMS services.

Targeted Community Health Services

Policy Issues:

The over-arching policy issue for specific and targeted services is who should pay for them. Federal and state funding is not increasing for most of these efforts, and local resources are similarly declining and/or needed for other purposes. Outbreaks require immediate and unanticipated resource application. In the current environment, resources are diverted from other arenas with a resulting negative affect and outcome.

Child Health and Safety:

- Addressing research findings on early brain development, which clearly show that education begins at birth, while our system of publicly-funded education does not begin until age 5.
- Maintaining a child care system that supports improved health and safety in child care settings with a focus on training workers, enforcing standards, or identifying children of concern.

Drug Use:

- Increasing access and availability of drug treatment services, particularly methadone substitution therapy.

Minority Health:

- Eliminating health disparities particularly in the area of chronic disease.
- Eliminating further disparities in infant mortality.
- Improving access to quality, culturally appropriate health care.

Parenting Support for Child Abuse Prevention:

- Continuing the demonstrated short- and long-term benefits of support services, including home visits, to parenting families. More benefit is gained by intensive services to families with risk factors, but it is difficult to determine who has risk factors without providing at least one service.

STD/HIV:

- Integration of HIV and STD prevention and treatment services.
- Expanding chlamydia screening, especially for youth at risk, exploiting the ease of new urine-based tests.
- Implementing (grant supported) prevention initiatives for genital herpes infection.
- Addressing continued high rates of sexually transmitted disease, HIV, and their complications.
- Addressing resurgent syphillis and gonorrhea in men who have sex with men.
- Expanding prevention activities to encompass sexually transmitted disease due to viruses, especially genital herpes and human papilloma virus infection.
- Implementing HIV reporting procedures.
- Funding must be identified to carry out prevention activities to curtail the resurgence of sexually transmitted disease among men who have sex with men.
- The need for strong local prevention support is important to avoid expansion of the HIV epidemic (example: Vancouver, B.C.).
- Implementation of HIV reporting will be expensive, and funding is uncertain.

Tuberculosis:

- Eliminating the spread of multi-drug resistant tuberculosis, especially with AIDS present as an identified chronic condition.
- Addressing changing immigrant populations, that present new challenges for providing culturally positive, preventive therapy.

Women, Infant, and Children (WIC):

- Maintaining WIC which is not just a feeding program, but a program that teaches people how to eat nutritious meals to promote optimum health.

Women's Health:

- Educating women of all ages about reproductive planning, breast examinations, and cervical examinations.
- Assuring provision of reproductive health services for women who need it.

Budget Issues:

Child Health and Safety:

- Congress is considering the continuance of Medicaid administrative match, a major funding source for this program activity; the future of these funds is uncertain.

Family Planning:

- The state legislature approved the DSHS proposal to request a waiver from Medicaid to cover otherwise ineligible women up to 200% of the federal poverty level for family planning services. This will mean an increased ability to support the program through patient-generated revenue; however, the waiver will not be implemented until January 2001.
- Efforts to expand the number of Medicaid-covered women currently served are resulting in increased revenue, but scarce County Current Expense dollars are critical to maintaining this program.

Healthy Pregnancies and Infants:

- Medicaid Administrative Match and FQHC cost-based reimbursement are major funding sources for this program activity. As part of the Balanced Budget Act of 1997, Congress passed a five year phase down and eventual repeal of FQHC reimbursement with the first cut in October 1999.
- In addition, Congress is considering the future of Medicaid matching funds. Revenues generated currently support the direct

activities and a significant proportion of county overhead.

Interpretation Services
- Providing health services and consequently interpretation services to non-English speaking immigrants and refugees requires significant financial support. This need is expected to grow over the next 5 years.

Parenting Support for Child Abuse Prevention:
- Congress is considering the continuance of Medicaid Administrative Match, a major funding source for this program activity.
- There is interest in redirecting funds from the criminal justice system into these preventive strategies, which may result in additional support.

STD/HIV:
- Congressional discussions about needle exchange programs and fund distribution continue with an uncertain outcome.
- State AIDS Omnibus funds for HIV prevention activities were approved at status quo for this biennium; future funding is uncertain.
- The County Executive has signed an agreement for Maintenance of Effort as a condition for receiving approximately $5 million annually in Ryan White Care Act funds. The agreement prohibits reductions in local government funding of HIV/AIDS programs.

Tuberculosis:
- This program is heavily dependent on shrinking local and state public funds while incoming refugee and immigrant populations increase local risks for escalating rates of multi-drug resistant TB.

Women, Infant and Children (WIC):
- Federal and state funding is projected to be level for the next five years and County Current Expense dollars are critical to maintaining this program.

Primary Care Assurance/Clinical Health Services

Policy Issues:

Adolescent Health:
- Improving access to health and preventative health services for school age youth, particularly for those at high risk.
- Delivering prevention interventions that reduce risky behaviors, improving health and academic achievement.

Clinical/Field Dental:
- Protecting federal revenue sources and examining the use of local tax contribution for uncovered populations.

Immunization Program:
- Assuring an appropriate level of local tax support for immunization program activities as the number and type of immunizations are increasing.

Primary Medical Care:
- Assuring an appropriate level of local tax contribution to serve uncompensated patients.
- Working with other Safety Net providers and area health care institutions to leverage resources for a full array of services needed by the uninsured and underinsured.

Budget Issues:

Adolescent Health:

- Future funding for Teen Health Centers - particularly school-linked Teen Health Centers - is uncertain.

Clinical Dental Services:

- As part of the Balanced Budget Act of 1997, Congress passed a five year phase down and eventual repeal of FQHC reimbursement with the first cut in October 1999, a major funding source for these services.
- Congress is considering the continuance of Medicaid matching funds, and future funding is uncertain. This also is a major funding source for these services..
- Revenue for senior citizen dental services is also decreasing.
- No or very limited funding available to support dental care for un- and under-insured adults.

Community Health Centers:

- Community health centers are dependent on FQHC cost-based reimbursement. As part of the Balanced Budget Act of 1997, Congress passed a five-year phase down and eventual repeal of cost based reimbursement. This phase-out begins in October of 1999 with a 5% cut. Each year the cuts are greater with repeal in FY2004.

Field Dental Services:

- Any changes in Medicaid revenue will raise the issue of level of local tax contribution.

Immunization Program:

- Federal funding for core innunization program activities has decreased while local dollars have also decreased.

Interpretation Services

- Providing health services and consequently interpretation services to non-English speaking immigrants and refugees requires significant financial support. This need is expected to grow over the next 5 years.

Primary Medical Care:

- As part of the Balanced Budget Act of 1997, Congress passed a five year phase down and eventual repeal of FQHC reimbursement with the first cut in October 1999. FQHC is a major funding source for these activities.
- In addition, Congress is considering the continuance of Medicaid matching funds.
- Overall increases in health care costs (e.g., pharmacy) and the increasing population in need negatively affect resources needed to care for the uninsured and underinsured.

Management And Business Practice

Policy Issues:

- Maintaining King County's business systems at the level necessary to meet public health needs in information technology, billing, personnel, purchasing, and communications.
- Assuring that Public Health has the necessary resources to develop support systems to enable it to perform its core functions and mandated responsibilities.

Budget Issues:

To assure finanacial support for implementation of a new public health information management system, a comprehensive requirements analysis has been completed, an RFP let, and a decision made to select two vendors that provide client server architecture for improved information management. Systems that support environmental health information management (Decade) and primary health/business practice (SMS) have been

identified. Staging the implementation of these systems over 2-3 years rather than immediate purchase appears necessary because of financial constraits. Technology will allow Public Health to increase its producitvity, tighten business practice and generate more federal revenue. A cost-benefit analysis indicates that the system will break even in the 2nd year, and project a substantial return on investment in the third year.

Accountability from all funding sources has increased dramatically during the last five years.

As Public Health increases financial support from client-generated revenue sources outside local government, we must enhance our ability to plan and manage all fiscal acitivities. Currently, fiscal staff resources are targeted to budget production and defense, which is a time-senstive process that limits our ability to staff necessary financial forescasting and management.

Through a compete restructuring, Public Health is transitioning the Administrative Services Division to a Financial and Administrative Systems and Services role, which will have a primary focus on fiancial management activities.

To maximize Public Health's revenue potential and fulfill its mission, we are pursuing a grant development and management function.

Overview: Revenue Trends/Management Issues

Public Health has responded to the major changes in the health system and the demands these changes have imposed on the Safety Net providers by mobilizing a remarkable level of federal, state and client-generated revenue (mostly Medicaid related). In addition, health system changes have challenged Public Health to develop innovative and cost-effective management and support systems in order to meet the increased demand for services.

County tax support has been significantly reduced for general public health services.

Revenue Trends

During the last five years, the Public Health budget has nearly doubled to just under $200 million. This growth has occurred largely because of patient-generated revenue and grants. Patient-generated revenue has grown from 5 to 25% of the funding base. Grant revenue has increased from 27% to 32% of the funding base.

Before 1995, cities in Washington State contributed a negotiated amount to go to the local health jurisdiction for public health services provided to residents of those cities. In King County, Public Health tracked levels of service provided to residents of each incorporated city and "billed" cities for services provided based on a unit cost formula.

The Health Reform Act of 1993 proposed financing changes which were implemented on January 1, 1996. A financing mechanism for cities' contributions to public health was established through creation of the County Public Health account, made up of 2.95% of the state Motor Vehicle Excise Tax (MVET). Starting January 1, 1996, MVET revenue was distributed to local health jurisdictions (King County) based on 1995 city and town contribution level. Some cities, such as Seattle, are continuing to make contributions

to public health in addition to the base level from the MVET. The additional contributions above MVET are focused on specific health issues that a particular city may be facing (higher than average infant mortality rates, for instance). Public Health-Seattle & King County is actively involved in developing partnerships with King County's cities in order to develop unique and collaborative solutions to local health problems.

Declining local funding has made Public Health more reliant on Medicaid and client-generated revenue. For instance, Medicaid matching funds and Medicaid cost-based reimbursement (FQHC) comprise 11.4% of Public health's budget in 1999. As part of the Balanced Budget Act of 1997, Congress passed a five year phase down and eventual repeal of cost-based reimbursement. This phase-out begins in October of 1999 with a 5% cut. Each year the cuts are greater with repeal in FY 2004. Congress is considering the continuance of Medicaid matching funds and future funding is uncertain..

In addition, potential changes in government policies and client-generated revenue sources may jeopardize other key revenue sources. State Local Capacity Development funds were reduced by 7% in the current biennium; however, the gap was filled with a last minute, one-time only funding "fix". These funds support core public health services such as infectious disease investigation, home during visits, and drinking water protection. This source of funding faces significant cuts in future funding cycles.

County tax support has been significantly reduced for general public health services. In recent years, increases in King County Current Expense for public health has been directed to Jail Health services. Although County tax support for public health services has decreased, the City of Seattle has significantly increased its contribution to public health services. The Seattle Contribution is voluntary, since King County, by statute, is responsible for the provision and financing of public health.

Public Health Revenue Sources

Management Issues

The traditional organization of public health reflects categorical program areas, which were grant funded in previous years. During the last two years, public health has reorganized major categorical program areas into a more efficient and consolidated organizational structure (see Appendix I). For example, all primary care services at all sites provided by Public Health are under a centralized accountability structure. In addition, Public Health is restructuring its financial management systems to maximize collection of patient generated revenue. We continue to look for cost-effective ways to reorganize services, programs, and support systems.

Public Health is responding to greater monitoring and control requirements from public and private funding sources, such as private grants, state grants, and Federally Qualified Health Centers (FQHC) reimbursement. Accountability from all funding sources has increased dramatically during the last five years. For example, in order to maintain our eligibility to receive cost-based reimbursement from FQHC, the Department must meet minimum practice and program support standards promulgated by the federal government. These standards are driving many of the changes being made in the provision of primary care.

During the next 5 years, all public health entities will be required to meet quality performance standards in service delivery, program support and provision of core public health functions through a national accreditation process. In addition, a system of statewide standards is currently under

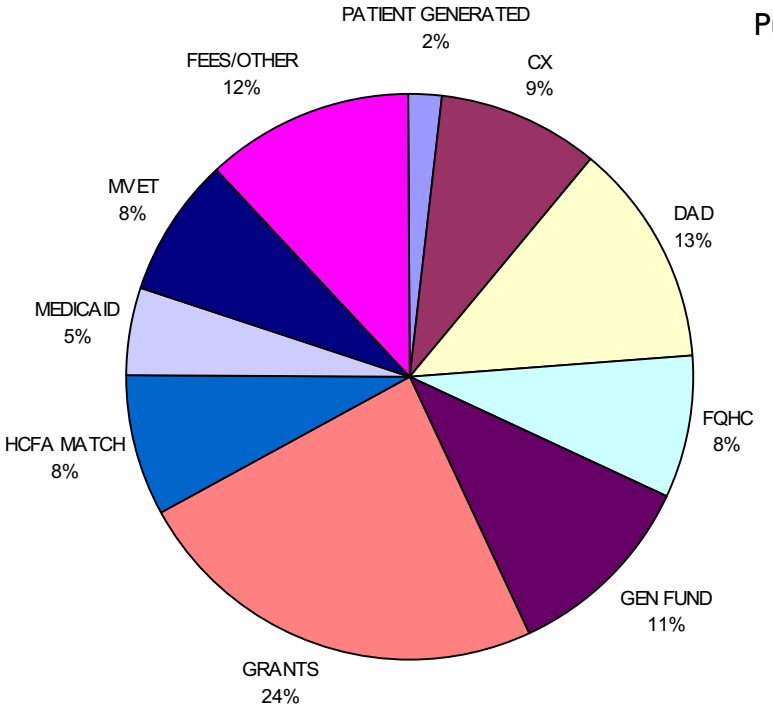

Figure 8:
Public Health Revenue by Source

development by the DOH, and Public Health - Seattle & King County is participating actively in their development. Indeed, Public Health - Seattle & King County is in the forefront of this effort and is a likely pilot site for the development of national standards.

It is likely that all public health entities will soon be required to meet quality performance standards in service delivery program support and provision of core public health functions through a national accreditation process.

The development of information technologies will continue to provide exciting opportunities and new cost effective approaches for public health and health care delivery. At the most basic level, information systems must accurately maintain customer/client records, manage the accounts receivables process and track budget information.

All information must be easily accessible for managers to make timely and accurate decisions. In the clinical setting, information-based decision making involves electronic synthesis of complete patient histories, literature review to support diagnosis and treatment decisions, and computerized systems for prompting providers and patients to ensure and measure quality in the health care setting. In addition, information technology advances create a unique opportunity for Public Health to provide on-line health prevention and promotion, as well as measurable outcomes of our interventions by linking the populations our clinics serve with our clinical data.

Public Health will continue to be a regional service with employees housed in multiple sites throughout King County. The multiple sites bring our services to residents of King County in the most responsive manner; however, communication between employees and among organizational units is challenging, given the size and complexity of the Department.

In the last three years, Public Health has improved communication through regular publication of

internal newsletters as well as development and maintenance of "public folders" within King County's e-mail system. In addition, the Department has made significant investments in training employees to utilize computer technology to be more effective communicators.

Public Health has developed an innovative and comprehensive Internet site to give King County residents (and employees) access to information on programs, services, and current health issues, such as disease outbreaks. An Intranet site for employees is in development, and reliance on cutting edge information systems will continue for the next 5 years and beyond.

One of the key internal issues that Public Health keeps addressing is Management/Supervisory Training for existing and future managers. In an agency wide assessment completed in 1997, we learned that our managers and supervisors are good at accomplishing tasks, but need more training and support in the softer skills of relationship building and managing a diverse work force.

Public Health's Diversity Management Committee, convened to improve this situation, has been sponsoring a sub-committee charged with the design and implementation of a training program for managers and supervisors. There are five core competencies that each manager must master: Communication & Interpersonal Relations; Leadership and Motivation; Planning and Time Manazgement; Problem Analysis and Decision Making; Individual and Team Development. A computer program called GeoLearning adds support for learning in all the competencies through 12 interactive training modules. Piloted by Public Health's Leadership Group, this program will be offered to 30 of the next level managers by December 31, 1999.

Managing human resources, customer service, diversity and organizational development continue to represent major challenges to Public Health. As the health care industry at large, and Safety Net providers in particular, attempt to sustain quality practices despite increasing expenses and decreasing revenue, we must align our resources, methodologies, and practices to meet the challenges presented within the health care industry while addressing the changes occurring in our communities. Public Health - Seattle & King County has responded to these challenges by developing a diversity management program, restructuring our financial systems, and reorganizing categorical programs to assure clear accountability.